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## BIB DATA SHEET

CONFIRMATION NO. 4407

| SERIAL NUMBER | FILING or 371(c)<br>DATE<br>12/09/2003<br>RULE | CLASS<br>623 | GROUP ART UNIT<br>1636 | ATTORNEY DOCKET<br>NO.<br>03409-PA-DIV |
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### \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/922,909 08/06/2001 PAT 6,662,805  
 which is a CIP of 09/825,632 04/04/2001 PAT 6,886,568  
 which is a CIP of 09/712,662 11/14/2000 PAT 6,637,437  
 which is a CIP of 09/275,319 03/24/1999 PAT 6,378,527

### \*\* FOREIGN APPLICATIONS \*\*\*\*\*

### \*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \* SMALL ENTITY \*

03/10/2004

| Foreign Priority claimed       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>MD | SHEETS DRAWINGS<br>4 | TOTAL CLAIMS<br>23 | INDEPENDENT CLAIMS<br>4 |
|--------------------------------|--|--|------------------------|----------------------|--------------------|-------------------------|
| 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                        |                      |                    |                         |

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### TITLE

Method for composite cell-based implants

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|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>455 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|                                   |   |   |